



# ANGAZA BIBLE AND TRAINING INSTITUTE

P.O. BOX 1996 – 50200 MISIKHU, BUNGOMA  
Email: [info@angazainstitute.ac.ke](mailto:info@angazainstitute.ac.ke)

TEL: +254 (0) 700 018184  
Website: [www.angazainstitute.ac.ke](http://www.angazainstitute.ac.ke)

---

## Application Form: Training of Trainers (TOT) Program

**Instructions:** Please complete all sections of this form. All information will be kept confidential and used solely for the purpose of evaluating your application for the Training of Trainers (TOT) program.

### Section 1: Personal Information

- **Full Name:** \_\_\_\_\_
- **Date of Birth:** (DD/MM/YYYY) // \_\_\_\_\_
- **Nationality:** \_\_\_\_\_
- **Gender:**  Male  Female  Other: \_\_\_\_\_
- **National ID/Passport Number:** \_\_\_\_\_
- **Email Address:** \_\_\_\_\_
- **Phone Number:** \_\_\_\_\_
- **Mailing Address:** \_\_\_\_\_
- **City/Town:** \_\_\_\_\_ **Country:** \_\_\_\_\_

### Section 2: Educational & Professional Background

- **Highest Level of Education Completed:**
    - High School Diploma
    - Diploma
    - Bachelor's Degree
    - Master's Degree
    - PhD
    - Other (Please specify): \_\_\_\_\_
  - **Name of Institution:** \_\_\_\_\_
  - **Field of Study:** \_\_\_\_\_
  - **Year of Graduation:** \_\_\_\_\_
  - **Current or Most Recent Employer:** \_\_\_\_\_
  - **Your Position/Title:** \_\_\_\_\_
  - **Dates of Employment:** (Start) // \_\_\_\_\_ to (End) // \_\_\_\_\_
  - **Briefly describe your current or most recent responsibilities:**  
\_\_\_\_\_
-

### Section 3: Training & Facilitation Experience

- Do you have any prior experience in training, teaching, or facilitating workshops? [  Yes [  No

- If yes, please provide details of your three most relevant experiences:

1. Title of Training/Workshop: \_\_\_\_\_  
Dates: \_\_\_\_\_ Number of Participants: \_\_\_\_\_
2. Your Role: [  ] Lead Trainer [  ] Co-Trainer [  ] Facilitator
3. Briefly describe the content and your responsibilities:

---

---

4. Title of Training/Workshop: \_\_\_\_\_  
Dates: \_\_\_\_\_ Number of Participants: \_\_\_\_\_ Your Role: [  ] Lead Trainer [  ] Co-Trainer [  ] Facilitator Briefly describe the content and your responsibilities:

---

---

5. Title of Training/Workshop: \_\_\_\_\_  
Dates: \_\_\_\_\_ Number of Participants: \_\_\_\_\_ Your Role: [  ] Lead Trainer [  ] Co-Trainer [  ] Facilitator Briefly describe the content and your responsibilities:

---

---

- Are you available to attend all scheduled sessions of the program? [  ] Yes [  ] No
- Do you have access to a reliable internet connection and a computer if the training is conducted online? [  ] Yes [  ] No

---

### Section 5: References

Please provide the contact details for two professional references who can attest to your suitability for this program.

**Reference 1:**

- **Full Name:** \_\_\_\_\_
- **Title/Position:** \_\_\_\_\_
- **Organization:** \_\_\_\_\_
- **Email Address:** \_\_\_\_\_
- **Phone Number:** \_\_\_\_\_

**Reference 2:**

- **Full Name:** \_\_\_\_\_
  - **Title/Position:** \_\_\_\_\_
  - **Organization:** \_\_\_\_\_
  - **Email Address:** \_\_\_\_\_
  - **Phone Number:** \_\_\_\_\_
- 

**Section 6: Declaration**

I, the undersigned, certify that the information provided in this application is true and correct to the best of my knowledge. I understand that any false or misleading information may lead to the disqualification of my application.

- **Applicant's Name:** \_\_\_\_\_
- **Signature:** \_\_\_\_\_
- **Date:** \_\_\_\_\_

**Please submit this completed form along with your most recent Curriculum Vitae (CV) to [insert email address or physical address].**

- **Registration Fee Kshs 1,000**
- **Tuition Fee Ksh10,000**
- **Account Details**
- **Playbill 247247**
- **Account No. 1370 28 29 29 943**